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THE RESERVE'S MEDICAL ROLE FOR HOMELAND SECURITY

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ABSTRACT

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After September 11, 2001, people around the globe are increasingly attuned to the possibility of Weapons of Mass Destruction (WMD) being used in concert with terrorist activities. Traditionally bombs and explosives have been the terrorist's method of choice, although they increasingly desire to employ more elaborate methods such as dirty bombs, biological agents and the use of chemicals. Such threats require local responders to adapt to response strategies to meet these asymmetric challenges. Given these conditions, the nation has put forth a considerable effort to create a response model that can address medical specific challenges related to a large-scale attack or disaster in the homeland. Natural disasters also threaten the security of the homeland, evident by the unforeseen catastrophe created by the December 26, 2004 tsunami in the Indian Ocean region. My paper intends to address the Department of Defense's (DoD) role in Consequence Management (CM) and the interoperability of medical assets between the Active Component (AC) and U.S. Army Reserve that could be employed in support of a CBRNE or natural disaster. Under law, US Code: Title 10, Section 12304, the Reserve Forces are not allowed to participate in natural disaster relief unless directed by the President. Considering that the DoD is fully immersed in CM and the distribution of Active and Reserve assets in the Medical Reengineering Initiative (MRI), such restrictions need to be absolved.

The scope of this paper will address only catastrophic events that would warrant the involvement of the DoD and the medical assets it could provide. The National Guard's medical capabilities are so few that they would not markedly increase DoD's ability to respond to a disaster and so will not be addressed. Also, relatively smaller events for medical support are not considered and are not applicable to the intended theme of this paper.

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Homeland security is not a new requirement for the military. Since its inception, the military's primary purpose has been to protect the nation's citizens, their property, and their way of life. This message may have been lost in the latter part of the last century, when the military emphasized forward presence and overseas operations, but to the people of Hawaii, Alaska, the Philippines, Guam, and other parts of the U.S. sovereign homeland that were bombed and occupied in the 1940s, the need for homeland security was a reality. In our time, this is still true and is reaffirmed in the 2001 Quadrennial Defense Review Report. It states:

> The highest priority of the U.S. military is to defend the Nation from all enemies. The United States will maintain sufficient military forces to protect the U.S. domestic population, its territory, and its critical defense-related infrastructure against attacks emanating from outside U.S. borders, as appropriate under U.S. law…In addition, DoD components have the responsibility,… to support U.S. civil authorities as directed in managing the consequences of natural and man-made disasters and CBRNE-related events on U.S. territory. [1]

There were 208 acts of international terrorism in 2003, a slight increase from the 198 attacks in 2002, and a 42% drop from 355 attacks in 2001.[2] The increase in the power and reach of terrorist threats in recent years surely ranks as one of the most unsettling developments of our time, a multidimensional phenomenon with global ramifications. Yet as new forms of terrorism generate wider destruction, and as our increasingly interdependent and global society creates even greater opportunities for disruption and destruction, the need to prepare is becoming increasingly urgent. The terrorist attacks on New York and Washington, D.C. on September 11, 2001, brought home the lesson that the Homeland is no longer immune and all facets of the military must be prepared to meet this asymmetric challenge.

The military must be given the resources required to accomplish the Homeland Security tasks and responsibilities they are given. Under the law, the Reserves are allowed to be utilized for WMD or terrorist related events, however may not be used for natural disasters, unless authorized or directed by the President. Considering the demands placed upon the total force in combating the Global War on Terrorism (GWOT), the law must be changed so the DoD may have unrestricted access to its Reserve Force. The "total force" concept must apply to the "total threat" preparedness of the Homeland. Then the military can position its assets to include both Active and Reserve units to accomplish the mission at hand. Medical capabilities must be utilized from both components in support of natural disasters that can include Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE), and terrorist related events. The

military must prepare to assist the Nation in defense of all threats and leverage its great skills and soldiers to the continued benefit of the Nation.

In addition to its primary role of fighting our Nations' wars, the DoD is expected to support lead civilian government agencies and provide assistance should a domestic disaster occur. It is conceivable that such a disaster may be catastrophic in nature, resulting in a significant loss of life. Northern Command (NORTHCOM) has been charged with the Consequence Management (CM) (response and recovery) mission for such an endeavor. NORTHCOM's subordinate headquarters specifically assigned this mission is the Joint Task Force-Civil Support (JTF-CS). The JTF-CS is the command and control (C2) and planning element for DoDs domestic CM operations.[3]

The DoD and JTF-CS's role in disaster assistance will increase in importance as terrorism becomes a greater threat to the homeland. This growing threat of the use of WMD within the U.S. has prompted a series of initiatives to include: presidential directives, congressional legislation, and DoD changes in mission focus regarding CM operations. These initiatives have culminated with the recent publication of the National Response Plan (NRP), dated December 2004, which "vastly improved coordination among Federal, State, local, and tribal organizations to help save lives and protect American communities by increasing speed, effectiveness, and efficiency of incident management".[4]

DOD'S EVOLUTION IN CONSEQUENCE MANAGEMENT

The Preamble to the Constitution states that the purpose of the armed forces is "... to provide for the common defense...."[5] This traditional role, to provide for the national defense and to defend the Constitution, is interspersed with a long history of military support for national goals that are short of war. In such undertakings, the purpose has been to promote national security and protect national interests. Military operations within this category have ranged from general military service to the nation, such as surveying railroads and waterways in the past century and providing protection to the U.S. mail services, to a wide variety of actions abroad in support of foreign policy, such as Indian Ocean tsunami and hurricane disaster relief, and national events such as Presidential inauguration security. Each of these examples provides evidence that the U.S. military may be used for missions other than fighting wars. The need for the DoD's commitment to CM is clear. In order to fully appreciate the DoD role it is helpful to understand other Federal agencies roles and key documents defining the military's role in CM.

The DoD's role in CM usually begins when the President issues a disaster declaration to activate a Federal response (to include DoD support) to an incident. Such an incident may be

catastrophic, occur without warning, and at a time that will produce chaos, confusion and large numbers of casualties. Emergency service response from the State and Local levels may be exceeded and require Federal agencies and personnel to assist.

The role of Federal agencies in responding to terrorist acts has evolved in government Crisis Management plans. In 1995, the FBI, pursuant to the Presidential Decision Directive (PDD) 39 "US Policy on Counter-Terrorism" and through its own authorities, was appointed the lead agency for responding to a WMD incident which includes all activities associated with criminal response and investigation.[6] Also in 1995, the Federal Emergency Management Agency (FEMA) was designated the lead agency for CM pursuant to PDD 39.[7] Today, FEMA would use the structure of the NRP to coordinate the response to emergencies. Regarding the September 11, 2001 terrorist attacks, the FBI and New York Police Department Joint Terrorism Task Force took over the immediate responsibility of controlling and re-assessing the crisis. They were assisted, as outlined in Crisis Management plans, by FEMA with the coordination of CM tasks; for example evacuation and search and rescue efforts of the New York and Washington D.C. terrorist acts. However, it is important to note that "Crisis" and "Consequence" Management (CM) activities need to take place simultaneously, and so the FBI was authorized to perform both until the Attorney General transfers the CM role to FEMA. [8] The National Response Plan (NRP) published in 2004 integrated these responsibilities.

Depending on the type of incident, DoD could provide support to other government organizations in response to an attack. For incidents involving biological or chemical materials, PDD 39 (and later the NRP), designates the Department of Health and Human Services (HHS) as the lead agency in the development of the Integrated Federal Health, Medical and Environmental Emergency Support Plan. Development of this plan was a cooperative effort by HHS, DoD, EPA and the VA. Activation of this plan will begin with an FBI request for technical assessment, if required.[9] For incidents involving radiological material, the Federal Radiological Emergency Response Plan establishes the Department of Energy (DOE) to coordinate the radiological response.[10] Operational elements within the FRERP include the Federal Radiological Monitoring and Assessment Center and an Advisory Team for Environment, Food and Health.[11] In the event that a foreign country requests assistance to respond to a terrorist act committed against U.S. interests abroad, the State Department assumes primary responsibility for the coordination and distribution of Federal resources to honor this request.[12] In the event of a terrorist attack on the U.S., the Department of Defense's (DoD) primary responsibility is to provide specialized technical resources and logistical support to other

Federal agencies. Furthermore, the DoD is expected to remain flexible in its role to provide other forms of assistance as prescribed by the President.[13]

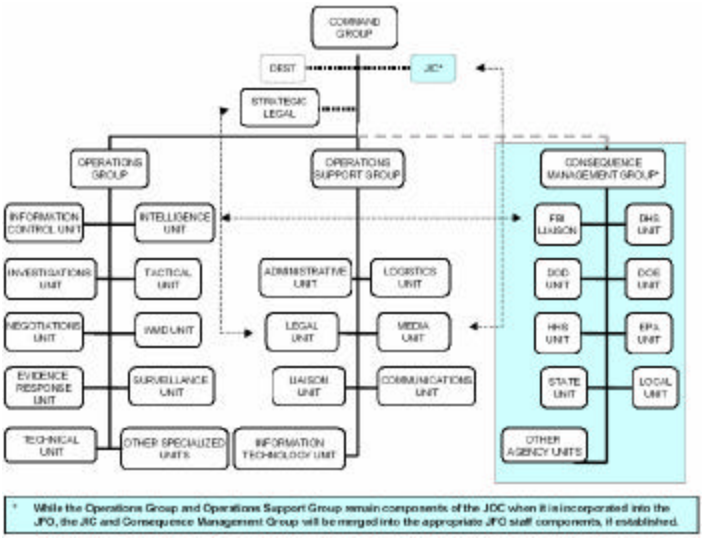

FIGURE 1: JOINT OPERATIONS CENTER IAW 2004 NRP[14]

In cases involving nuclear threats, the Department of Energy provides technical and scientific assistance to locate hidden nuclear material while diagnosing possible nuclear devices. Although September 11 did not involve a nuclear attack, the Department of Energy has undertaken an active role in the support of the operations carried out by other Federal agencies. Some of these include the Public Health Service (PHS)[15] and the Centers for Disease Control and Prevention (CDC)[16]. The primary responsibility of the PHS and CDC is to provide scientific personnel and equipment assistance in the investigation, control, and treatment of possible biological and chemical materials associated with terrorist attacks.

Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1974, the Governor of an affected state may request the President to declare a major disaster or an emergency if an event is beyond the combined capabilities of the affected State and Local governments.[17] The act was further modified in 1995 to establish a process and structure for the systematic, coordinated, and effective delivery of Federal assistance to address the

consequences of any major disaster or emergency declared under the Act. More recently, the NRP organizes the types of Federal response assistance into 15 Emergency Support Functions (ESF), each of which has a designated primary agency. [18] The primary agency for ESF #8, Public Health and Medical Services, is the Department of Health and Human Services.[19] The Assistant to the Secretary of Defense for Homeland Defense has the principle responsibility "to serve as the principal staff assistant and civilian advisor to the Secretary and Deputy Secretary of Defense for the oversight of policy, requirements, priorities, resources, and programs that are related to the DoD role in managing the consequences of a domestic incident involving the inadvertent, accidental, or deliberate release of chemical, biological, radiological, nuclear material or high yield explosives (CBRNE)".[20]

Congress passed in 1996 the Defense against WMD Act, also know as the Nunn-Lugar-Domenici Act, which was named after its principle sponsors in the U.S. Senate. It established that "The Secretary of Defense shall carry out a program to provide civilian personnel of Federal, State, and Local agencies with training and expert advice regarding emergency responses to a use or threatened use of a weapon of mass destruction or related materials."[21]

In 1998 President Clinton signed PDD 62, (superseded in 2004 by the NRP). Its purpose was to "create a new and more systematic approach to fighting the terrorist threat of the next century"[22], and to clarify roles of each agency or department and to ensure that they were coordinating emergency responses to a terrorist threat. PPD 62 further sought to integrate the various agencies' efforts by creating the National Coordinator for Security, Infrastructure Protection and Counter-Terrorism.[23] President Clinton believed more needed to be done to prepare Americans for a biological attack to include: "being able to identify the pathogens with speed and certainty…emergency response personnel must have the training and equipment to do their jobs right…the medicines and vaccines needed to treat those who fall sick or prevent those at risk from falling ill because of a biological weapons attack… use the advances in genetic engineering and biotechnology."[24] In May of that year the DoD further amplified its commitment by "announcing the selection of ten states in which National Guard units will be specially trained to assist state and local authorities to manage the consequences of a WMD attack."[25] The states included Massachusetts, New York, Pennsylvania, Georgia, Illinois, Texas, Missouri, Colorado, California and Washington.[26]

In April of 2002, Secretary of Defense Donald Rumsfeld announced the Unified Command Plan (UCP) "which realigns and streamlines the U.S. military structure to better address 21st century threats" and is "undoubtedly the most significant reform of our Nation's military command structure since the first command plan was issued shortly after World War II."[27]

According to Gen. Richard Myers, Chairman, Joint Chiefs of Staff, the UCP "takes the various homeland security missions being performed by various combatant commanders and some agencies and puts them under one commander" and to "bring unity and focus to the mission."[28] The UCP tasks "U.S. Northern Command, and assigns it the mission of defending North America and supporting the military's responsibilities to civil authorities…It combines it with the Joint Task Force for Civil Support…that is responsible to civil authorities for chemical, biological, radiological, nuclear, major conventional explosives events".[29]

Two years after the UCP was released, the NRP (December 2004) was published, which "represents a true "national" framework in terms of both product and process"[30]. The publication of the NRP simplified what is a not-so-simple process of integrating all of the Nation's agencies and talents in response to a natural or manmade disaster, incident, or catastrophe to include CBRN-E. The plan outlines the procedures of activation and proactive application of integrated Federal resources to a disaster. The NRP recognizes that each critical industry segment has different regulatory environments and has different forms of homeland security connections and maturity. It also recognizes that the private sector is more diverse than governmental agencies and is therefore not as "linked" in nature.[31] Furthermore, it acknowledges that the "Secretary of Defense shall retain command of military forces providing civil support"[32].

The HSPD-5 and NRP create a single comprehensive all hazards, all disciplines approach between the private and public sector as well as getting all levels of government to work together. Particularly, Crisis Management and CM become integrated. Figure 1 illustrates the collaboration of several agencies within the "Consequence Management Group" as part of the Joint Operations Center (JOC). The Department of Homeland Security (DHS) assumes the overall responsibility, thus allowing a collaborative relationship between these agencies. The NRP states: "pursuant to HSPD-5, the Secretary of Homeland Security is responsible for coordinating Federal operations within the United States to prepare for, respond to, and recover from terrorist attacks, major disasters, and other emergencies. HSPD-5 further designates the Secretary of Homeland Security as the "principal Federal official" for domestic incident management."[33] It further charges the Secretary to be "responsible for coordinating Federal resources utilized in response to or recovery from terrorist attacks, major disasters, or other emergencies."[34]

The DoD organization responsible for providing civil support to catastrophic events is the JTF-CS. The mission of the JTF-CS is "to save lives, prevent injury and provide temporary critical life support during a chemical, biological, radiological, nuclear or high-yield explosive (CBRNE) situation in the U.S. or its territories and possessions. JTF-CS is the only military

organization dedicated solely to planning and integrating DoD forces for CM support to civil authorities in such a situation.[35] The deployment of the organization would "occur only upon the request of civil authorities" and "at the direction of the Commander of U.S. Northern Command, and on the authority of the Secretary of Defense".[36] Their utilization is almost certain to be during catastrophic events.

JTF-CS CONSEQUENCE MANAGEMENT CONCEPT OF OPERATIONS

The JTF-CS is a deployable C2 headquarters for the DoD responsible for executing CM operations in response to a CBRN-E incident. This joint headquarters is comprised of approximately 160 military (Active, Reserve and National Guard) and civilian personnel located at Fort Monroe, Virginia.[37] The JTF-CS remains in a constant state of readiness to deploy to any domestic incident site. The JTF-CS mission statement reads as follows:

> JTF-CS plans and integrates DoD support to the designated Lead Federal Agency for domestic CBRNE Consequence Management. When directed by Commander USNORTHCOM, JTF-CS will deploy to the incident site and establish command and control of designated DoD forces to provide military assistance to civil authorities to save lives, prevent injury and provide temporary critical life support.[38]

Upon arrival at the incident site, the JTF-CS will link-up with the Principle Federal Officials responding as well as the U.S. NORTHCOM and the U.S. Joint Forces Command JOC. The NORTCOM JOC will assist the JTFC-CS JOC by consolidating and forwarding all JTF-CS requests for resources and forces required responding to the incident. The NORTHCOM JOC will forward situation reports to ensure each level of the chain-of-command up to the Secretary of Defense, is informed of the ongoing mission. Coordination with Federal, State and Local agencies is established by the Joint Field Office (JFO) for the JTF-CS to support the civilian disaster response hierarchy. JTF-CS utilizes a phased approach.

The JTF-CS will approach each incident through five operational phases. Phase one develops and maintains a timely and accurate assessment of the situation. Phase two begins upon the receipt of an order from NORTHCOM. They deploy and establish an operations center and prepare to accept C2 responsibility for the designated CM units. Phase three has two distinct stages which include the "Immediate Stage" directed at saving lives and the "Sustainment Stage" which focuses on preventing further injury. In phase four the JTF-CS prepares to redeploy after an effective transfer of the CM responsibility to civil authority. Finally in phase five the JTF-CS redeploys safely and prepares for follow-on missions.[39] The JTF-CS will C2 four elements comprised of incident site support, medical support, logistics support and

headquarters support. Figure 1 illustrates their command, control and coordination for notional tasks and requirements.

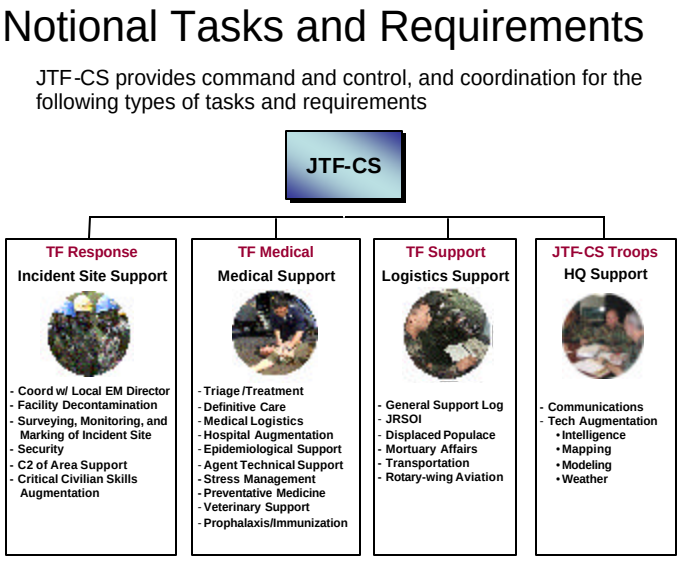

FIGURE 2: JTF-CS NOTIONAL TASKS AND REQUIREMENTS[40]

If a WMD incident should occur, and the request from the affected State or Local Government for Federal assistance is approved by the Secretary of Defense, they will deploy and integrate DoD units activated in support of the CM mission in support of the Department of Homeland Security's FEMA. Homeland Security Presidential Directive 5 (HSPD-5) designates the Secretary of Homeland Security as the agency "responsible for coordinating Federal operations within the U.S. to prepare for, respond to, and recover from terrorist attacks, major disasters, and other emergencies.[41] For example, the JTF-CS would respond to a CBRNE event created by a natural disaster such as a hurricane destroying a chemical facility, resulting in harmful gases being released over the public. The focus of DoD's support is to use existing structures and systems within a community and deploy only those assets necessary to augment local capabilities. The compartmentalized and functionally independent structure and mission of the military healthcare system is such that local or on-site authorities must determine the type of support needed prior to requesting assistance from the DoD. Once local requirements are

defined, the DoD can then determine what kind of support to dispatch and from which component (AC or RC) to draw the assets from.

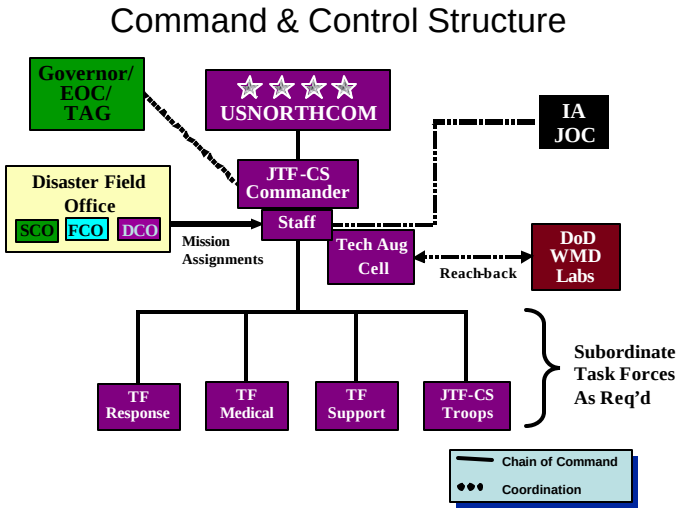

FIGURE 3: JTF-CS COMMAND AND CONTROL STRUCTURE[42]

The Active Component (AC) and the Reserve Component's (RC) National Guard and Reserves will assign the appropriate forces required from their Combat Service (CS) and Combat Service Support (CSS) assets to meet the JTF-CS mission. AC/RC integration is easily implemented with the JTF-CS. In fact, over one third of the full-time military personnel, including the JTF Commander, are RC[43] and the full-time personnel are augmented by part-time RC personnel. Integrating the AC and RC during a JTF-CS response is essential, particularly after examination of each components strengths and weaknesses. Medical assets are of particular concern since 39% of the Army Medical Department assets will be coming from the Army Reserve under the Medical Reengineering Initiative (MRI). According to Colonel Allen Schmidt, MRI Program Director, the MRI initiative will commence in 2005-6.[44] Figure 4 illustrates the breakdown of medical assets by Army component.

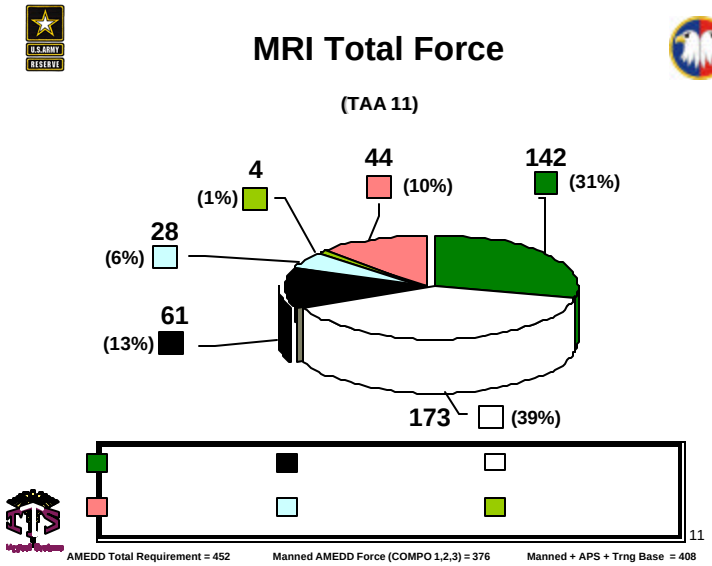

FIGURE 4: AMEDD UNITS LISTED BY COMPO[45]

THE ACTIVE COMPONENT AND AMEDD

Certainly the overriding advantage of the AC forces is the ability to deploy quickly. AC medical personnel are well trained and equipped with the best equipment to respond to any disaster. Similar to the Combat Arms, the medical department considers war "the ultimate test and the ultimate justification for existence".[46] The military's medical mission extends beyond conserving the fighting strength while at war. The DoD relies upon the AC's medical personnel to maintain the quality of care for all active service members, as well as their dependants. Reserve soldiers may augment this effort, but it is primarily sustained by the AC.

To use the Army Medical Department (AMEDD) as an example, on any given day, they are very busy taking care of "the multiple challenges of war, peacekeeping, humanitarian relief and caring for soldiers, retirees and family members at home."[47] The statistics in Figure 5 indicate the heavy work load already absorbed by the Army's AC medical community.

AMEDD Work Load on a Given Day

- 37,102 clinic visits
- 361 patients admitted
- 1,308 patient beds occupied
- 28,863 dental procedures
- 5,420 immunizations
- 63 births
- 6,340 radiology procedures
- 81,984 pharmacy procedures
- 52,479 laboratory procedures
- 2,148 veterinary outpatient visits
- $22.4 million-worth of food inspected
- Deployed field units
- 57 beds occupied
- 19 dispositions (discharges, evacuations, etc.)

Note: Fixed facilities only. Field units are not included.

FIGURE 5: AMEDD WORK LOAD ON A GIVEN DAY (12 FEB 05)[48]

Abroad, "medical personnel have also been at the forefront of rebuilding and improving the health systems of the fought-over lands."[49] Humanitarian relief overseas is a major endeavor. However, if deployed to a domestic WMD event, the AC medical units and personnel would not be focused and available for their principle mission to support the DoD in augmenting AC forces in overseas conflict. Thirty-one percent (31%) of the overall medical capability in the AC is a significant force and certainly required in the effort to preserve America's strength during conflict overseas. Again, if deployed, these assets would not be available in the event of a domestic WMD incident or a natural disaster. The Reserve's medical capability would be relied upon to fill the void in the event of either circumstance. There is no question that the RC is capable of complimenting the AC's medical response. The DoD should not be limited by law to employ the Reserves during a natural disaster (or catastrophe), especially when considering the relative even force mix the MRI indicates in figure 4.

THE ARMY RESERVE AND AMEDD

The activation of Reserve units and members to augment the AC is stipulated under US Code: Title 10, Section 12304, paragraphs a, and b. The USC allows the Reserves to be used only during a WMD or terrorists incidents. It reads:

> **(a) Authority.— …**when the President determines that it is necessary to augment the active forces for any operational mission or that it is necessary to provide assistance referred to in subsection (b), he may authorize the Secretary of Defense and the Secretary of Homeland Security…, to order any unit, and any member…to serve as a unit of the Selected Reserve…, or any member in the Individual Ready Reserve… and designated as essential under regulations prescribed by the Secretary concerned, under their respective jurisdictions, to active duty (other than for training) for not more than 270 days.
>
> **(b) Support for Responses to Certain Emergencies. —** The authority under subsection (a) includes authority to order a unit or member to active duty to provide assistance in responding to an emergency involving—
>
> **(1)** Use or threatened use of a weapon of mass destruction; or
>
> **(2)** Terrorist attack or threatened terrorist attack in the United States that results, or could result, in catastrophic loss of life or property. [50]

Under current law, The Reserves may not be utilized for the purposes of responding "in time of a serious natural or manmade disaster, accident, or catastrophe…"[51] unless directed by the President and notification is sent to Congress. It reads as follows:

> **(c)** Limitations .—
>
> **(1)** No unit or member of a Reserve Component may be ordered to active duty under this section to perform any of the functions authorized by chapter 15 or section 12406 of this title or, except as provided in subsection (b), to provide assistance to either the Federal Government or a State in time of a serious natural or manmade disaster, accident, or catastrophe…"[52]

In order to understand the intent of Congress when passing this law, a closer examination of the USC is necessary. Title 10, Section 12304 was originally enacted in 1976 as Public Law 94-286, 90 Statute 517.[53] An inquiry to the U.S. Library of Congress revealed that the law was created to prevent jurisdictional issues between the Federal and States governments by preventing the activation of the Reserves (Federal forces) in response to natural disasters. The intent of this law leading up to it's enactment in 1976 may have been applicable then; however during today's post September 11 environment, it has become unnecessary and an obstruction to the defense of the homeland. The response from the Library of Congress reads as follows:

> The report of the House Armed Services Committee on this legislation, House Report 94-1069, is reprinted in 1976 U.S. Code Cong. and Adm. News at pages

> 1034 to 1048. The portion of the House report reprinted on pages 1038-1039 states:
>
> Reserve forces activated under this authority cannot be utilized to provide assistance during a domestic disturbance such as an insurrection or natural disaster…Adequate authority for these circumstances is currently contained in the law…

Thus the report indicated that there was other authority in the Code to deal with domestic disturbances and natural disasters .

> The House Report later states,…"In order to avoid possible jurisdictional conflict with the States, the bill prohibits members or units of a Reserve Component from being ordered to active duty . . . for the purpose of suppressing insurrection or civil disturbance . . . or providing assistance in time of natural or man-made disaster, accident or catastrophe. These situations will continue to be met under authority provided in existing federal and state laws.[54]

Under the recent transformation initiative which reshapes the total force, it is hard to ignore that the Army Reserves are a major portion of the total force (39% of AMEDD) and must be more easily accessible during our Nations' current homeland security circumstances. Additionally, the world, as well as our Nation is aware of the potential harm to our citizens a natural disaster could present, as demonstrated by the Indian Ocean tsunami (Dec 2004). We as a nation cannot assume that we are immune from either events and must not limit our planners, nor set false expectations of our "citizen soldiers". Using the Army Reserve as an example there are many strengths we must leverage. The following key points are made in a briefing prepared by The Joint Interagency Civil Support Training Center (JICSTC) at Ft Dix, New Jersey. The JICSTC was established "to enhance the readiness of the…Reserve…by providing integrated Combat Health Support training related to Homeland Security…"[55]

- There are 211,000 active Army Reservists across the nation
- Over 900 Army Reserve Centers in hometown America
- Reserve Center Commander and soldiers serve an important role in communications and relationships with local authorities.
- Integral component of the Nation's response capability[56]

As of July 2004, the total Army Reserve strength offers 1,000,500 soldiers.[57] Within this total Reserve force, the Individual Ready Reserve (IRR) consists of 125,000 personnel[58]. These IRR personnel have completed their Army service commitments and returned to civilian life. If this manpower is needed, they can be returned to active duty service. However, in order

to access this manpower, accountability will need to be improved. When called to service many cannot be found. Many are deceased. Decades of under utilization have caused poor accountability. Once the IRR force is completely accounted for, the DoD would have a significant additional source of manpower to draw from to augment the Active Force.

The GWOT has extended our forces to their limits. Potential terrorism attacks may include WMD and it is imperative that the U.S. have its full capability of medical response to mitigate the consequences of such an attack. Failing to do so could result in thousands of deaths that could have been prevented. A significant medical capability can be found in the Reserve Force.

The Reserve's medical capability is immense and should be easily accessed for not only WMD, but for natural disasters too. Earth quakes, hurricanes, and floods are all examples of natural disasters that may strike at any time. The medical response requires not only an operational focus but personnel manning considerations through our medical providers in our "citizen soldier" force. Reserve soldiers cannot be activated as quickly as the AC can respond. Medical response planning should be at the forefront of each components medical effort. After all, the Army Reserve Mission Essential Task (METL) List does reflect this mission focus. Why are we restricting our planners by limiting the use of "citizen soldiers" to augment the AC in response to such circumstances? The METL tasks are as follows:

1. Preserving the peace and security, and providing for the defense of the U.S., the Territories, Commonwealths and Possessions, and any areas occupied by the U.S.
2. Overcome aggressive acts from nations and terrorist groups that imperil the peace and security of the U.S.
3. Giving back to the community by providing civil support, i.e. food, shelter, safe drinking water and medical attention to our citizens during emergencies and natural disasters.[59]

As illustrated in Figure 2, the JTF-CS's, "Task Force Medical" is oriented toward providing triage and treatment, definitive care, medical logistics, hospital augmentation, epidemiological support, agent technical support, stress management, preventative medicine, veterinary support, prophylaxis and immunization.[60] This is an enormous undertaking and responsibility. Reserve soldiers in the medical arena practice their military skills daily in their civilian employment, remaining trained. Other key planning considered for the JTF-CS in the event of a disaster that the Reserves medical force can provide are:

- Personnel movement in/out of contaminated areas

- Availability of mass decontamination teams
- Hospitals capable of treating contaminated casualties
- Availability of mobile hospital units used to treat contaminated victims
- Food, water, equipment after the first 72-hours
- Mortuary services to handle thousands of contaminated victims
- Transportation assets for movement of contaminated victims
- Augmentation of medical professionals to assist hospitals
- Augmentation of equipment and supplies [61]

Under the Medical Reengineering Initiative (MRI), the Army Reserve is preparing to have an early entry hospital capability know as the Clinical Operating Equipment Systems (COES). "The concept of the early entry 44-bed hospital is to provide the Commander the operational flexibility with an immediate deployable element to support contingencies with the remainder of the hospital deploying as required."[62] The COES capability will be located throughout the U.S. and available for deployment in the event of any homeland disaster or war abroad. Figure 6 illustrates the MRI locations for COES. Figure 7 depicts a typical Reserve Combat Support Hospital (CSH) organized as a split station with COES. Figure 8 provides a closer examination of the 44 Bed Early Entry (Corps CSH) capabilities. The point to be emphasized is that the Reserve Forces provide a first-class global capability that must be available and not restricted by law toward the Homeland Security mission for catastrophic disasters – natural or manmade.

Army Reserve Headquarters and Proposed COES Locations

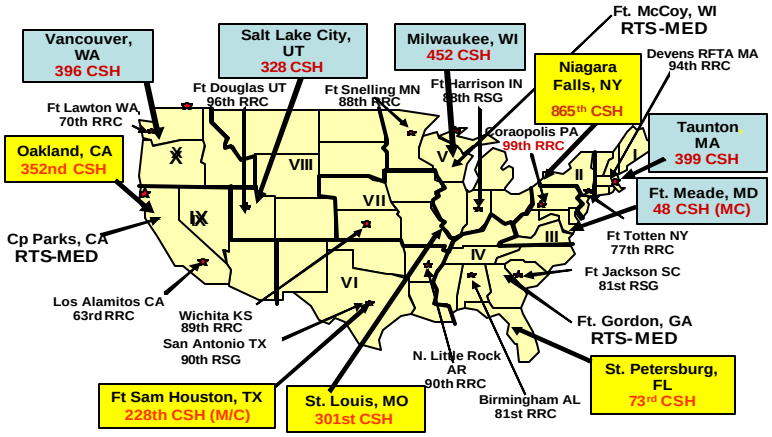

FIGURE 6: PROPOSED MRI LOCATIONS FOR COES[63]

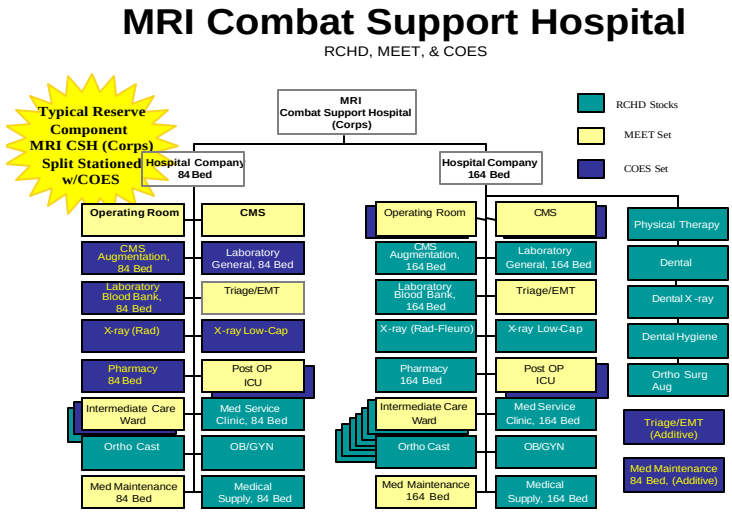

FIGURE 7: COMBAT SUPPORT HOSPITAL (CSH)[64]

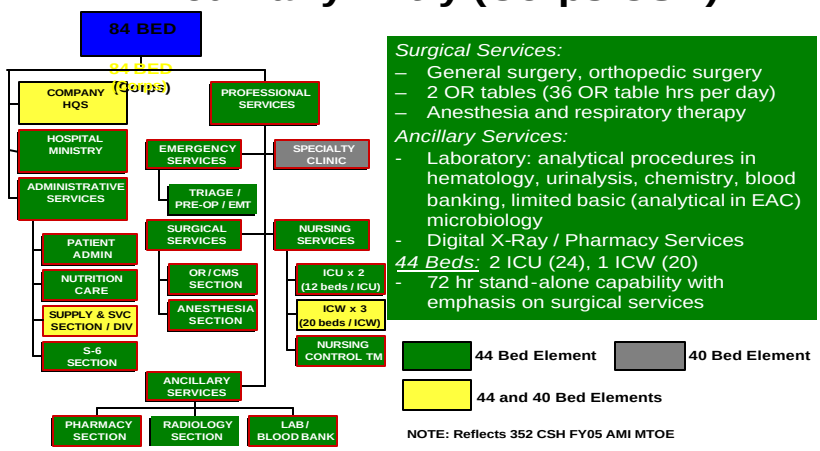

FIGURE 8: 44 BED EARLY ENTRY (CORPS CSH)[65]

CONCLUSION

Since the events of September 11, the U.S. has entered a new era of defending the homeland. Many might agree that the "threat" has been emerging for years, but did not become clear until that day. The attacks demonstrated all too horribly that there are people who wish to do grave harm to America and that they are fully capable of doing so. Natural disasters strike at anytime, often without warning and are capable of inflicting large numbers of casualties. The American people have become more aware of the threats confronting this nation. However, the American People and this government must recognize that no one can guarantee that the U.S. will not fall victim to future disasters.

The DoD has a vital role in CM during catastrophic events. This role becomes effective, once the President issues a disaster declaration to invoke the Stafford Act and activates a Federal response (to include DoD) to an incident. A catastrophic event resulting in large numbers of casualties certainly would require a response involving both the Active and Reserve medical forces. The emergency service response from the State and Local levels would be exceeded and require Federal agencies and personnel to assist in responding.

The Federal Government has made great strides in defense of the Homeland and preparing for future threats. The NRP is a product that evolved as Federal officials collectively became aware of the asymmetric threats facing this nation through terrorism. JTF-CS is DoD's military headquarters dedicated to civil support utilizing both components and all services. But let us not forget, that GWOT has extended our AC as well as our Reserve forces to their limits.

Potential terrorism attacks may include WMD and it is imperative that the U.S. have its full capability of medical response to mitigate the consequences of such an attack. Failing to do so could result in thousands of deaths that could have been prevented. It is no secret that natural disasters do occur, evident by the tsunami that stuck the Indian Ocean region killing 296,000 (as of February 2005).[66] The full extent of the disaster may never be known. In the summer of 2004, the United States was hit by four hurricanes throughout the Southeast. What if the chemical plants throughout the New Orleans, Louisiana area had been destroyed by hurricane-force winds, emitting massive amounts of chemical gases over the general population? Thousands would have required medical attention. It is possible for natural disasters to have catastrophic consequences to include CBRNE effects. Our total medical response must be ready. America is not immune from natural disasters or from terrorist attacks. All resources must be readily available and laws inhibiting such use be abolished.

One such law is US Code: Title 10, Section 12304 that restricts the activation of Reserve units and members to augment the AC. The US Code allows the Reserves to be used only during a WMD or terrorists incidents and restricts their use in the event of natural disaster. Activating Reserves is significant because it will affect every community in the U.S. But, by eliminating this law, accessibility will lead to better accountability of the Reserves. During times of natural disaster, when Federal aid is extended to State and Local Governments, the Reserve is a resource provider. The Reserve is a Federal asset to which civil authorities can turn to when State or Local resources are exhausted or unavailable.

Medical services are among the missions planned, managed, and executed by the Reserve on a daily basis, all in support of a variety of customers and undertaken in coordination with civil and military authorities. The 2005-6 MRI illustrates that we cannot exclude the Reserve as a primary source to draw upon during times of crisis. Under the MRI, the medical assets within the AMEDD will consist of 39% Reserves, and 31% AC. During this era of transforming the force, lawmakers need to realize that the entire force must be readily accessible and laws such as USC Title 10, Section 12304 need to be eliminated. The AC is unable to perform in today's GWOT without the Reserve. That point is undisputed. However, if we as a nation feel that combating terror and preparing for natural disasters simultaneously is important, then we will untie the hands of our leadership by the elimination of this law.

WORD COUNT=5835

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